

September 10, 2009

Circuit City Stores, Inc. (Debtors)  
Case No. 08-35653 (KRH)  
Claim #6894 Tanden Kibby

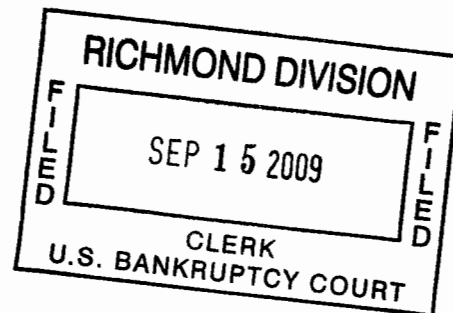


Exhibit 1 (Response to the Omnibus Objection)

United States Bankruptcy Court  
701 East Broad Street-Room 4000  
Richmond, VA 23219

I believe that the Bankruptcy Court should overrule the Omnibus Objection. I, Tanden Kibby (a minor) suffered expenses of \$2,943.55 to rebuild the transmission in my 1999 Nissan Frontier truck when the wiring was damaged during the work of installing the auto theft alarm by Circuit City Stores in Wesley Chapel, Florida.

Attached are the invoice for the repair and an explanation of the diagnosis from the Certified Transmission Shop (Tim Moye Transmissions, Tim Moye, 17414 US Highway 41 North, Lutz, Florida 33549, (813)909-8337) that gives clear reason for my claim for the cost of the repair from Circuit City Stores. You can contact Tim Moye Jr. directly for more specific information regarding his findings.

Respectfully,

Tanden A. Kibby (Minor)  
8518 Quail Hollow Blvd.  
Wesley Chapel, FL 33544  
(813)991-9294 Home

Dale A. Kibby (Claimants Father)  
8518 Quail Hollow Blvd.  
Wesley Chapel, FL 33544  
(813)991-9294 Home  
(813)997-2318 Cell

**Attachments:**

- Proof of Claim (Official Form 10) United States Bankruptcy Court for the Eastern District of Virginia
- Invoice RO#7990 from Tim Moye Transmissions for \$2,948.55 for the repair of the transmission.
- Letter from Tim Moye Transmissions for the explanation of the repairs provided at my request to better explain the cause of the transmission failure.
- Claim notification from Specialty Risk Services (SRS) to validate that our claim was received by Circuit City Risk Company, and was under investigation prior to Circuit City filing Bankruptcy.

Unsecured claim. If you believe that you have a claim against the Debtor, you are required to complete and return this form.

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
<b>Debtor against which claim is asserted: (Check only <u>one</u> box below:)</b>		
<input type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653)	<input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659)	<input type="checkbox"/> Abbott Advertising, Inc. (Case No. 08-35665)
<input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654)	<input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660)	<input type="checkbox"/> Mayland MN, LLC (Case No. 08-35666)
<input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655)	<input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661)	<input type="checkbox"/> Patapasco Designs, Inc. (Case No. 08-35667)
<input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656)	<input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662)	<input type="checkbox"/> Sky Venture Corporation (Case No. 08-35668)
<input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657)	<input type="checkbox"/> Kinzer Technology, LLC (Case No. 08-35663)	<input type="checkbox"/> XSSstuff, LLC (Case No. 08-35669)
<input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658)	<input type="checkbox"/> Courchevel, LLC (Case No. 08-35664)	<input type="checkbox"/> PRAHS, INC. (Case No. 08-35670)
<small>NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 505(a).</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>KIBBY, TANDEN</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:  <b>KIBBY, TANDEN 8518 QUALL HOLLOW BLVD WESLEY CHAPEL FL 33544</b>		Court Claim Number: _____ (If known)
Telephone number: _____		Filed on: _____
Name and address where payment should be sent (if different from above):  Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <b>\$2,958.55 CLAIM# YLB65603 LP SR5</b> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
2. Basis for Claim: <b>CIRCUIT CITY INSTALLED VEHICLE ALARM AND DAMAGE VEHICLE WIRING CAUSING TRANSMISSION TO FAIL.</b> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <b>5653</b> 3a. Debtor may have scheduled account as: <b>DALE A. KIBBY - FATHER OF 16 YEAR OLD MINOR, TANDEN KIBBY</b> (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <b>1-26-09</b> <b>DALE A. KIBBY</b> Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>CREDITOR: TANDEN KIBBY IS A MINOR. THEREFORE I, DALE A. KIBBY AM SIGNING ON HIS BEHALF AS HIS POWER OF ATTORNEY/FATHER.</b>		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



**B 10 (Official Form 10) (12/07)- Cont.**

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim.**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien

documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §§ 507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is the person, corporation, or other entity owed a debt by the debtor on the date of the bankruptcy filing.

**Claim**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim form is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. § 506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §§ 507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION**

**Acknowledgement of Filing a Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or to view your filed proof of claim you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Tim Moya Transmissions  
 17414 Highway 41 North  
 LUTZ, FL 33549  
 (813) 909-8337  
 Shop Lic# MV-03644

RO#: 7990

DATE: 10/22/2008

**Customer Info**

DALE KIBBY

Home: (813) 997-2318 Work: ( ) -

**Vehicle Info**

VIN: 1N6ED26Y7XC314057 Lic: TEMP1  
 1999 Nissan Frontier  
 Engine: 3.3 Transmission: RE4R01A  
 Mileage In: 117,484 Mileage Out: 117,484

**Recommended Services:****Customer Concerns:**

SHUTTERS, SHAKES, W/SHIFTING  
 SERVICE SOON

**PARTS:**

PART#	DESCRIPTION	QTY	UNIT\$	TOTAL\$
	REAR MAIN OIL SEAL	1	28.50	28.50

**LABOR:**

TECH	DESCRIPTION	HRS	RATE\$	AMOUNT\$
8	REMOVE & INSTALL TRANSMISSION. DISASSEMBLE, CLEAN, INSPECT, & REASSEMBLE TRANSMISSION. ADJUST CLEARANCES & ENDPLAY. MODIFY LUBE & DRAINBACK CIRCUITS. REBUILD VALVEBODY. INSTALL MASTER REBUILD KIT, FILTER, VALVEBODY KIT, BAND, CONVERTOR, PUMP, BUSHING KIT, WASHER KIT, FLUID, SNAPRINGS, HOT FLUSH COOLER. CLEAR COMPUTER. ROADTEST.			2384.15
8	DIAGNOSE EXTERNAL ELECTRICAL TRANSMISSION CIRCUITS. CHECK POWER & COMMUNICATION BETWEEN ENGINE & TRANS. MODULE. CHECK CONNECTIONS. REMOVE & REPAIR WIRE IN HARNESS @ CONNECTOR TO MODULE.	3.5	98.00	343.00

**SUBLET:**

DESCRIPTION	CHARGE\$

NOTE: CUSTOMER DECLINED SPRAGS &amp; SOLENOIDS. CHECKED OK AT TIME.

Warranty: 1 YEAR WARRANTY

☐ Return Parts

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN: I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.

☐ I REQUEST A WRITTEN ESTIMATE

☐ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$\_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL

APPROVAL

☐ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Parts: \$28.50  
 Labor: \$2,727.15  
 Sublet: \$0.00  
 Supplies: \$0.00

Subtotal: \$2,755.65

CIRCLE ONE: FLAT RATE HOURLY RATE BOTH

Date of Estimate: \_\_\_\_\_

PROPOSED COMPLETION DATE: \_\_\_\_\_

Time of Estimate: \_\_\_\_\_

\*\*HAZARDOUS WASTE AND SUPPLY CHARGES REPRESENTS THE COST AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES/WASTE DISPOSAL.\*\*

INTENDED METHOD OF PAYMENT.  
 CIRCLE ONE: CASH CHECK CREDIT

Tax: \$192.90  
 Haz. Waste: \$0.00  
 -Payments: \$0.00

Total Due: \$2,948.55

**TIM MOYE TRANSMISSIONS**

17414 US Highway 41 North

Lutz, FL 33549

(813) 909-8337

Fax: (813) 909-0259

MV-03644

November 13, 2008

Dale Kibby  
8518 Quail Hollow Blvd.  
Wesley Chapel, FL 33544

Re: 1999 Nissan Frontier  
Vin# 1N6ED26Y7XC314057

This vehicle had a communication problem between the transmission computer and the engine computer. This has led to causing an improper pressure in the transmission, and lead to internal failure. After internal repairs to the transmission the internal failure was repaired.

The next step was to diagnose the external electrical problems. After inspection we found the communication wire that sends the signal to and from both computers had been damaged. Upon physical inspection you could see the wire that goes into the transmission computer had been hit and was damaged. We repaired the bad end of the wire and reset the computer. The computer is located under the driver's side dash.

Customer stated this is the same area where the alarm and other parts were removed during previous repair.

We are a ATRA certified transmission specialty shop and have been in business since 1985.

I feel I could explain this repair over the phone more through. You may reach us Monday thru Thursday, 7:00am to 5:30pm. If you have any questions please give me a call.

Sincerely.

Tim Moye



October 10, 2008

Tanden Kibby  
8518 Quail Hollow Blvd  
Wesley Chapel, FL 33544

RE: Account: Circuit City Stores Inc  
Claimant: Tanden Kibby  
Date of Loss: 10/8/2008  
Claim Number: YLB65603LP

Dear Tanden Kibby,

We received notification of your accident. Please write down the number of your case.

If we haven't contacted you, please contact us at the phone number below to continue the investigation of your case. I am available to answer any questions you have.

Sincerely,

A handwritten signature in black ink, appearing to be "Rishi Kuthiala".

Rishi Kuthiala  
Account Representative  
P O Box 799  
Marlton, NJ 08053-0799  
Direct Dial: (856) 355-4502  
Toll Free: (800) 630-0746 ext 54502  
Facsimile: (860) 392-6531  
Email: [rishi.kuthiala@srsconnect.com](mailto:rishi.kuthiala@srsconnect.com)